

City of Memphis Division of Park Services Swim Team Registration Form

Name	Age	Male	Female	Date of birth
Name	Age	Male	Female	Date of birth
Address	(City		Zip
Telephone	E-1	Mail Addres	s	
Parents or Legal Guardian				
Name of Mother		Telephone(V	W)	(C)
Name of Father	me of FatherTelephone(W)			(C)
Emergency Contact other than I	Parent/Guardiar	n in case of a	n emergency	
Name	Address_			
Telephone(W)	_(C)			
Is child on any medication? Yes	s No	If yes, speci	fy type of med	lication and nature
of illness				
	MEMPHIS, D			
I hereby waive, release, discharge, employees from any and all liabili known or unknown, anticipated o City of Memphis, Division of Park personal injury, illness, death, pro negligence of the City of Memphis risks of injury, illness, death and p	ty, claims, demar r not anticipated, Services Aquation perty damage or s, to the fullest ex	d harmless thands, rights or on which may ones Program, even loss is caused tent permitted	e City of Memp causes of action occur as the rest ven under circu in whole or in I by law. I expr	phis, its officers, agents and a, present or future, whether alt of my participation in the amstances in which such part by the action, inaction, or essly and voluntarily assume a
I ACKNOWLEDGE THAT I HAVE I PARTICIPATING IN THE CITY OF FULLY AWARE THAT THIS AGREI OFFICERS, AGENTS, AND EMPLO KIND WHICH MAY OCCUR AS A I	MEMPHIS, DIVIS EMENT WILL HA YEES FROM ANY	SION OF PARI VE THE EFFEC AND ALL LIA	K SERVICES AC CT OF RELEASI ABILITY OR CL	QUATICS PROGRAM. I AM NG THE CITY OF MEMPHIS, IT AIMS OF ANY NATURE OR
DATE:		gnature of Par	rticinant	
	31	Similare of I al	ширан	
			rent or guardia s under age 18)	n

Swim team practice time and days: Monday thru Thursday from 5:00pm to 6:00pm at Hickory Hill Aquatic Center and from 4:00pm to 5:00pm at Bickford Aquatic Center

Cost: \$25.00 per child per month

Check or Money Order ONLY payable: <u>City of Memphis – Park Services</u>

NO CASH